

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
810 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen For A Better Des Moines  
IMPORTANT: Indicate by # type of committee you are reporting for:  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name NA Political Party (If applicable) \_\_\_\_\_  
Office Sought \_\_\_\_\_ District (If Senate or House) \_\_\_\_\_

FORM <b>DR-2</b> (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 66B.32A(7) and 68A.401(3), the candidate, for a

[Signature]  
SIGNATURE OF PERSON FILING REPORT

563-259-5583  
TELEPHONE

10-31-07  
DATE SIGNED

I AM FILING A Nov 1 3 by before Election REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
11-6-07  
County & Local Committees, enter County in  
which Election is held  
Scott

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 12,650.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

\$ 5610.00

Schedule F: Loans Received total (Attach Schedule F)

\$ 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

\$ 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 18,260.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

\$ 16,699.71

Schedule F: Loan Repayments total (Attach Schedule F)

\$ 0

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$ 1,560.29

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 1969.29

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?)

☒ YES ☐ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For a Better Davenport

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-5-07	ID# CK# 14421	Craig or Catherine Cordt 223 Forest Rd Davenport, IA 52803	NA	\$ 250.00	<input type="checkbox"/>
10-5-07	ID# CK# 6054	Mary Waterman Gilchus 1015-27th Ave Ct Maline, IL 61265	NA	1000.00	<input type="checkbox"/>
10-5-07	ID# CK# 13675	Dana Cushman III 506 Riverview Ter Bettendorf, IA 52722	NA	1000.00	<input type="checkbox"/>
10-17-07	ID# CK# 12501	John Roche 2309 Wynnewood Ct Davenport, IA 52807	NA	300.00	<input type="checkbox"/>
10-17-07	ID# CK# 6208	Nancy Cain 5332 36th Ave. Ct Maline, IL 61265	NA	1000.00	<input type="checkbox"/>
10-17-07	ID# CK# 5394	Douglas Hultquist 3551-7th St Ste. 100 Maline, IL 61265	NA	50.00	<input type="checkbox"/>
10-26-07	ID# CK# 8168	James White 3942 Fernwood Ave Davenport, IA 52807	NA	250.00	<input type="checkbox"/>
10-26-07	ID# CK# 12409	Amin Arbisson 2122 Wondray Hill Rd Davenport, IA 52802	NA	1000.00	<input type="checkbox"/>
10-26-07	ID# CK# 5961	Joseph Roche 1702 Susan Ct Bettendorf, IA 52722	NA	100.00	<input type="checkbox"/>
10-26-07	ID# CK# 5764	John Neibergner 2625 E. 37th St Davenport, IA 52802	NA	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 5000.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions. See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)***Citizens For a Better Davenport*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-26-07	ID# CK# 3930	James T. Adje 2700 Emerald Dr. Davenport, IA 52804	NA	\$ 50.00	<input type="checkbox"/>
10-26-07	ID# CK# 3358	William T. York 4219 East 54th St Davenport, IA 52807	NA	\$ 50.00	<input type="checkbox"/>
10-26-07	ID# CK#	Cash Contributions		\$ 60.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 610.00

TOTAL (If last page of this schedule)

\$ 560.00

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 Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens For a Better Davenport*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-1-07	ID# CK#	US Bank PO Box 1800 St Paul Minn. 55101	Deluxe Bus System Check Charge	\$ 27. <sup>27</sup>
10-10-07	ID# CK# 1004	Photo Pros. 3729 S. Morgan St Chicago IL 60609	Candidate Photography expenses	883. <sup>45</sup>
10-25-07	ID# CK# 1005	Comm to elect Gene Meeker 2119 E 47th Davenport IA 52802	Cable TV	4000. <sup>00</sup>
10-25-07	ID# CK# 1006	Comm. to elect Jon " " " Frank	Cable TV	4000. <sup>00</sup>
10-26-07	ID# CK# 1008	Comm to elect Meeker " " "	TV	1000. <sup>00</sup>
10-26-07	ID# CK# 1009	Comm to elect Frank 7805 Fulton Ave Davenport IA 52803	TV	1000. <sup>00</sup>
10-26-07	ID# CK# 1000	Bulls Eye Direct Mail 589 53rd St Davenport IA	mailing for Mike Mutton	355. <sup>93</sup>
10-30-07	ID# CK# 1009	Victory Enterprise 5200 5th 30th St SW Davenport, IA 52802	mailing for meeker	5433. <sup>26</sup>
SUB-TOTAL				\$ 16699. <sup>72</sup>
TOTAL (if last page of this schedule)				\$ 16699. <sup>72</sup>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule II. (Refer to Schedule II instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for a Better Iowa

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YY)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10-19-07	Victory Enterprises 5200 W 30th St Ste 7 Davenport, Iowa 52802	Davenport Alderman at large Voter ID	\$ 727. <sup>02</sup>
10-19-07	Victory Enterprises 5200 W 30th St Ste 7 Davenport, Iowa 52802	Voter ID 3rd Word	733. <sup>42</sup>
10-20-07	Harold's 824 15th Ave. E. Moline 61244	Mailing for Morton	528. <sup>00</sup>
10-31-07	Victory Enterprises " " "	Mailing for Frank	5433. <sup>36</sup>
10-31-07	Victory Enterprises " " "	Mailing for Morton	3186. <sup>42</sup>
6-07- 9-30	Robin Johnson 247 58th St Moline, IL 61462	Political Consulting	3000. <sup>00</sup>
9-30-11-6	Robin Johnson " " "	Political Consulting	6000. <sup>00</sup>
SUB-TOTAL			\$ 19608. <sup>29</sup>
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 19608. <sup>29</sup>

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule L)**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule C the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For A Better Dorchester

## PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <i>Robert Johnson</i>		
Mailing Address <i>247 5th St Methuen MA 01462</i>		
City <i>Methuen</i>	State <i>MA</i>	Zip Code <i>01462</i>

CONTRACT PERIOD (MM/DD/YY)

TOTAL ANTICIPATED  
COMPENSATION FOR  
PERFORMANCE

From <i>6-7</i>	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE <i>\$ 9000</i>
To <i>1-07</i>	

## ESTIMATES OF PERFORMANCE

<i>Adverse Committee Candidates</i>

## PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YY)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL

TOTAL (If last page of this schedule)

\$
\$

SCHEDULE  
GBREAKDOWN  
OF MONETARY  
EXPENDITURES  
BY CONSULTANT  
(Rev. 02/99)
☐ CHECK THIS BOX IF  
AMENDING FORM